

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s): Lisa K. Shap	piro, Ph.D.; Paul A.	Vorsowicz
II. Name of Lobbyist's partnership, firm or c	orporation, if any:	
		& GARTRELL, P.C.
603-228-1181	orth Main Street, Con	·
(Telephone)	603-226-3334	1 088
(Telephone)	(Fax)	(Email)
III. This statement covers: (Choose one – file reportable expense transactions which are not	separate reports for t attributable to any	each client, OR you may file a separate report for one client.)
All reportable transactions occurring in the	he month prior to the	reporting date relative to the following client.
PLANNED PARI	ENTHOOD OF NO	RTHERN NEW ENGLAND
		bbyist Registration Form)
		,
All reportable transactions by the lobbyis unrelated to any particular client.	st (including the lobby	ist's family), or the lobbying firm listed below which are
IV. Date of Report: April 25, 2018		July 25, 2018 □
Reports cover: activity from date of registr	ration to 3/31/18	activity from 4/1/18 to 6/30/18
October 31, 2018	1	_
activity from 7/1/18 to 9/3		January 30, 2019 ☐ activity from 10/1/18 to 12/31/18
V. There have been no fees received and no re If this box is checked, complete just this form and Concord, NH 03301.	portable transaction d submit it to the Secre	s made since the last report. etary of State's Office, State House, Room 204,
VI. Check if additional reports are attached: X If you have received fees or made expendence.	litures, you must file A	Addendum A – Fees and Expenses
Expense Reimbursement		ust file Addendum B – Report of Honorariums or
if you, your firm, or your family has mad	e political contribution	ns, you must file Addendum C - Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and to the best of my knowledge and belief.	d hereby swear or affin	rm that the foregoing information is true and complete
AKS:		4-19-18
(Signature of Lobbyist)		(Date)
Lisa K. Shapiro, Ph.D.		
(Print Name of lobbyist)		RECEIVED APR 25 2018 NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

11. Italie of lobbyist	s partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRI			
	(Name of partnership, firm or corporat	ion)		
III. Name of Client	PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND	Date	April 25, 2	018
lobbying, including fee	ant of all fees received from the client identified above s for services such as public advocacy, government rel nitoring legislation, and related legal work. The gross	ations, or	public relation	ns services.
a) Total of all fees rece	eived in this reporting period		a) \$	10,500.
	eived this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)		b) \$	
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$	10,500.
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	
fees. Separate reports lobbyist(s)/firm that are are to be reported in or reporting period for sa expenses where the expenses where the expenses where the cost was \$25.00 or purchase of a ceremoni statement of each indivicovered by (a) (for example of the subject of legislative reception).	partnerships, firms, or corporations are required to reare to be filed for expenditures made relative to each of unrelated to any one client a separate report may be ne of three categories of expenses: (a) the aggregataries, benefits, support staff, and office expenses; (benditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to all object given to a person being lobbied with a value idual expenditure made during this reporting period of mple: purchase of a meal with value of greater than \$25, but not greate	lient and i filed for to the total of b) the agurchased that is give of \$25.00 greater the 15, purchaseter than S	f expenditures the lobbyist(s) fall expenses gregate total during a busing to the person or less); and \$25.00 for see of a ceremos 550, restauran	s are made by height firm. Expens paid during of all individuess lunch whom being lobbed (c) an itemic any purpose onial object to expenses for
	Expenses for honorariums, expense reimbursement, or and should not be reported on Addendum A.			
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		7,500.00
support staff, and office b) Total aggregate of e	and should not be reported on Addendum A. enses for this reporting period for salaries, benefits,	ŕ		7,500.00
upport staff, and office Total aggregate of ean a), of \$25 or less.	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	ŕ		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND d) Total expenses for this reporting period. (Add lines a, b and c.) e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line for addendum A for last month's report)

(Add lines a, b and c.)	u)	7,500.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	
f) Total of all expenses year to date.	f) \$	7,500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fee period, including by whom paid or to whom charged.	es during this	reporting
Paid to:	Ame	ount
	\$	
	\$	
	\$	
	\$	
	\$	

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

4-19-18 (Date)

Lisa K. Shapiro, Ph.D.

(Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Stater	nent/Aff	irma	tion t	y L	obbyist
Statem	ent of	Income	and l	Expei	nses	for:

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Planned Parenthood of Northern New England					
Date of Report (check or	1e):				
April 25, 2018 🔀	July 25, 2018 🗆	October 31, 2018 □	January 30, 2019 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s).					
_0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
Gignature of Lobbyist)	sonry		4-16-78 (Date)		
,	0		(Date)		
Paul A. Worsowicz (Print Name of lobbyist	<u> </u>				
(1 THE PAILE OF TOOLYISE	J				